PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004 Annual Plan for Fiscal Year 2000

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

> HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

PHA Plan Agency Identification

PHA	Name: City of Des Moines, Des Moines Municipal Housing Agency
PHA	Number: IA020
PHA	Fiscal Year Beginning: (mm/yyyy) 07/2001
Publi	c Access to Information
	nation regarding any activities outlined in this plan can be obtained by contacting: all that apply) Main administrative office of the PHA PHA development management offices PHA local offices
Displ	ay Locations For PHA Plans and Supporting Documents
The PH apply)	Main administrative office of the PHA PHA development management offices PHA local offices Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library PHA website Other (list below)
PHA P	lan Supporting Documents are available for inspection at: (select all that apply) Main business office of the PHA PHA development management offices Other (list below)

5-YEAR PLAN PHA FISCAL YEARS 2000 - 2004

[24 CFR Part 903.5]

<u>A.</u>	<u>Mission</u>
State	the PHA's mission for servi

	in the PHA's jurisdiction. (select one of the choices below)
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
\boxtimes	The PHA's mission is: (state mission here)
	The Housing Services Department's mission is to provide Quality dable Housing opportunities within Des Moines and Polk County, and ilitate, where possible, self-sufficiency for its clients.
B. G	oals
The goal emphasisidentify PHAS A REACH include	Is and objectives listed below are derived from HUD's strategic Goals and Objectives and those ized in recent legislation. PHAs may select any of these goals and objectives as their own, or other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, RE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN ING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these is in the spaces to the right of or below the stated objectives.
HUD S	Strategic Goal: Increase the availability of decent, safe, and affordable housing.
	PHA Goal: Expand the supply of assisted housing Objectives: Apply for additional rental vouchers: Reduce public housing vacancies: Leverage private or other public funds to create additional housing opportunities: Acquire or build units or developments Other (list below)
	PHA Goal: Improve the quality of assisted housing Objectives: Improve public housing management: (PHAS score) Improve voucher management: (SEMAP score)

	百	Increase customer satisfaction: Concentrate on efforts to improve specific management functions:
		(list; e.g., public housing finance; voucher unit inspections)
		Renovate or modernize public housing units:
	一	Demolish or dispose of obsolete public housing:
	同	Provide replacement public housing:
	同	Provide replacement vouchers:
	一	Other: (list below)
	DIII. C	
		Goal: Increase assisted housing choices
	Object	
	님	Provide voucher mobility counseling:
	H	Conduct outreach efforts to potential voucher landlords
		Increase voucher payment standards
		Implement voucher homeownership program:
		Implement public housing or other homeownership programs:
	Щ	Implement public housing site-based waiting lists:
		Convert public housing to vouchers:
		Other: (list below)
HUD S	Strategi	c Goal: Improve community quality of life and economic vitality
	DITA	
	PHA C	Goal: Provide an improved living environment
	Object	
		ives: Implement measures to deconcentrate poverty by bringing higher income public
		ives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
		ives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring
		ives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
		Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements:
		Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly,
		Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
		Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly,
HUD (Object Object	Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

		Increase the number and percentage of employed persons in assisted families: Provide or attract supportive services to improve assistance recipients'
		employability: Provide or attract supportive services to increase independence for the elderly or families with disabilities.
		Other: (list below)
HUD S	Strategi	c Goal: Ensure Equal Opportunity in Housing for all Americans
		Goal: Ensure equal opportunity and affirmatively further fair housing
	Object	
		Undertake affirmative measures to ensure access to assisted housing regardless
		of race, color, religion national origin, sex, familial status, and disability:
		Undertake affirmative measures to provide a suitable living environment for
		families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
		Undertake affirmative measures to ensure accessible housing to persons with all
		varieties of disabilities regardless of unit size required:
		Other: (list below)
Other	PHA G	coals and Objectives: (list below)
ATTA	СНМЕ	ENTS: ia020a01.doc
		ia020b01.doc

5 Year Plan Page 3

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

Annual PHA Plan PHA Fiscal Year 2001

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Streamlined Plan:

High Performing PHA
Small Agency (<250 Public Housing Units)
Administering Section 8 Only

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Not Required

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

		Page #
Ar	nnual Plan	
i.	Executive Summary Not Required	
ii.	Table of Contents	
	1. Housing Needs 4	
	2. Financial Resources	10
	3. Policies on Eligibility, Selection and Admissions 11	
	4. Rent Determination Policies	20
	5. Operations and Management Policies 25	
	6. Grievance Procedures	26
	7. Capital Improvement Needs	27
	8. Demolition and Disposition	29
	9. Designation of Housing 30	
	10. Conversions of Public Housing 31	

11. Homeownership			32
12. Community Service Programs	3	34	
13. Crime and Safety			37
14. Pets (Inactive for January 1 Pl	'HAs)		39
15. Civil Rights Certifications (incl	cluded with PHA Plan Certifications)		
16. Audit			39
17. Asset Management			39
18. Other Information			40
Attachments			
B, etc.) in the space to the left of the name	y selecting all that apply. Provide the attach of the attachment. Note: If the attachment Plans file, provide the file name in parenthe	t is provided	d as a
that are troubled or at risk of be ATTACHMENT – Resident ACATTACHMENT – Pet Policy ATTACHMENT – Community ATTACHMENT – Resident ACHMENT – RESIDENT – RESIDE	am Annual Statement operating budget (Required Attachme being designated troubled ONLY) advisory Board y Service Summary Assessment Survey ional Chart am 5 Year Action Plan tion Program (PHDEP) Plan sory Board or Boards (must be attached		

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review							
Applicable	Applicable Supporting Document Applicable Plan Component						
&							
On Display							
xxxxxxx	PHA Plan Certifications of Compliance with the PHA Plans	5 Year and Annual Plans					
	and Related Regulations						
XXXXXXX	State/Local Government Certification of Consistency with the	5 Year and Annual Plans					
	Consolidated Plan						

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Applicable Plan Component			
XXXXXXX	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans			
XXXXXXX	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs			
xxxxxxx	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;			
XXXXXXX	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies			
xxxxxx	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies			
XXXXXX	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies			
xxxxxx	Public housing rent determination policies, including the methodology for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
XXXXXX	Schedule of flat rents offered at each public housing development Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
XXXXX	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination			
XXXXX	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance			

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Applicable Plan Component			
XXXXX	Public housing grievance procedures	Annual Plan: Grievance			
Audul	check here if included in the public housing A & O Policy	Procedures			
XXXXX	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures			
XXXXX	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs			
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs			
XXXX	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs			
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs			
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition			
XXXXXX	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing			
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing			
XXXXXX	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership			
	Policies governing any Section 8 Homeownership program check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership			
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency			
xxxxx	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency			
XXXXX	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency			
xxxxx	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan) Annual Plan: Safety Crime Prevention				
xxxxxx	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit			
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs			
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)			

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Applicable Plan Component			

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction							
by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	7466	5	5	5	N/A	5	1
Income >30% but <=50% of AMI	4997	4	1	5	N/A	1	1
Income >50% but <80% of AMI	6671	1	1	1	N/A	1	1
Elderly	4386	5	5	5	N/A	1	1
Families with Disabilities	58,000 **	5	5	2	4	1	4
Race/Ethnicity All minority headed	1,889						
Race/Ethnicity Black (non-	1,351						
Hispanic)							
Race/Ethnicity Hispanic	219						
Race/Ethnicity							

*****Attachment: Statement of Housing Needs ia020c01.doc

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

Consolidated Plan of the Jurisdiction/s

	Indicate year: 2000
\boxtimes	U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS")
	dataset
	American Housing Survey data
	Indicate year:
	Other housing market study
	Indicate year:
\boxtimes	Other sources: (list and indicate year of information)
	Polk county Management Plan 1998

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List				
Waiting list type: (selec	t one)			
Section 8 tenant	t-based assistance ATT	ACHMENTS ia020d0	1.doc, ia020e01.doc,	
ia020f01.doc,	ia020g01.doc, ia020h0	1.doc, ia020i01.doc		
Number 2 Public Housing				
Combined Section	on 8 and Public Housing			
Public Housing	Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:				
	# of families	% of total families	Annual Turnover	
Waiting list total				
Extremely low income				
<=30% AMI				
Very low income				
(>30% but <=50%				
AMI)				

Housing Needs of Families on the Waiting List				
Low income				
(>50% but <80%				
AMI)				
Families with children				
Elderly families				
Families with				
Disabilities				
Race/ethnicity				
	.1		l	
Characteristics by				
Bedroom Size (Public				
Housing Only)				
1BR				
2 BR				
3 BR				
4 BR				
5 BR				
5+ BR				
Is the waiting list close	ed (select one	e)? No	Yes	1
If yes:	`	, <u>—</u>		
How long has i	it been closed	d (# of mont	hs)?	
Does the PHA	expect to rea	open the list	in the PHA Plan year? [☐ No ☐ Yes
Does the PHA	permit specif	fic categories	s of families onto the wai	ting list, even if
generally close	d? No [Yes		
C. Strategy for Addressing Needs Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list IN THE UPCOMING YEAR, and the Agency's reasons for choosing this strategy.				
(1) Strategies Need: Shortage of affordable housing for all eligible populations				
Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:				

Select al	ll that apply
\boxtimes	Employ effective maintenance and management policies to minimize the number of public housing units off-line
\boxtimes	Reduce turnover time for vacated public housing units Reduce time to renovate public housing units Seek replacement of public housing units lost to the inventory through mixed finance
\boxtimes	development Seek replacement of public housing units lost to the inventory through section 8
\boxtimes	replacement housing resources Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
\boxtimes	Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
\boxtimes	Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
	Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
\boxtimes	Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
	Other (list below)
	gy 2: Increase the number of affordable housing units by:
Select al	ll that apply
mixed -	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of finance housing Pursue housing resources other than public housing or Section 8 tenant-based assistance. Other: (liet below)
	Other: (list below)
Need:	Specific Family Types: Families at or below 30% of median
	gy 1: Target available assistance to families at or below 30 % of AMI
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
\boxtimes	Employ admissions preferences aimed at families with economic hardships

	Adopt rent policies to support and encourage work Other: (list below)	
Need:	Specific Family Types: Families at or below 50% of median	
	gy 1: Target available assistance to families at or below 50% of AMI	
	Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below)	
	Specific Family Types: The Elderly	
	gy 1: Target available assistance to the elderly: l that apply	
	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)	
Need:	Specific Family Types: Families with Disabilities	
	gy 1: Target available assistance to Families with Disabilities:	
Select al	Seek designation of public housing for families with disabilities	
	Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing	
\boxtimes	Apply for special-purpose vouchers targeted to families with disabilities, should they become available	
	Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)	
Need: needs	Specific Family Types: Races or ethnicities with disproportionate housing	
Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:		
Select if	applicable	

	Affirmatively market to races/ethnicities shown to have disproportionate housing needs				
\boxtimes	Other: (list below)				
	Develop program materials in several languages				
	gy 2: Conduct activities to affirmatively further fair housing				
Select al	l that apply				
\boxtimes	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units				
\boxtimes	Market the section 8 program to owners outside of areas of poverty /minority concentrations				
	Other: (list below)				
Other	Other Housing Needs & Strategies: (list needs and strategies below) The current marketing plan will be reviewed and updated				
(2) Re	asons for Selecting Strategies				
	factors listed below, select all that influenced the PHA's selection of the strategies it				
will pur	sue:				
	Funding constraints Staffing constraints				
	Limited availability of sites for assisted housing				
	Extent to which particular housing needs are met by other organizations in the community				
	Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA				
\boxtimes	Influence of the housing market on PHA programs				
\boxtimes	Community priorities regarding housing assistance				
\boxtimes	Results of consultation with local or state government				
\bowtie	Results of consultation with residents and the Resident Advisory Board				
	Results of consultation with advocacy groups				
	Other: (list below)				

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing

operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2001 grants)		
a) Public Housing Operating Fund	846,862 *	
b) Public Housing Capital Fund	1,573,727 **	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	9,913,864	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	208,364	
g) Resident Opportunity and Self- Sufficiency Grants	246,000	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2000 CGP	800,000	
Shelter Plus Care	400,000 ***	
3. Public Housing Dwelling Rental Income		
	1,650,000	Public Housing
		Operations
4. Other income (list below)		
Donations from Section 8	150,000	Public Housing Operations
Administrative Fees	18,000	Logan Park Contract Administration

	ancial Resources: ed Sources and Uses	
Sources	Planned \$	Planned Uses
Miscellaneous	533,000	Public Housing & Section 8 Operations
4. Non-federal sources (list below)		
Sales from Homeownership Program	775,000	Public Housing Operations
Total resources	17,114,817	

^{*}Based on FY 2000 PFS

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A

(1) Eligibility

^{**}Based on FY 1999 CGP Grant

^{***}Estimated Balance of Grant @07/01/00 \$1,292,200

Other (descri	be) Past participation in federally subsidized programs
c. X Yes No:	Does the PHA request criminal records from local law enforcement agencies for screening purposes?
d. Xes No:	Does the PHA request criminal records from State law enforcement agencies for screening purposes?
e. Yes No:	Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
(2)Waiting List Org	ganization
a. Which methods do all that apply) Community- Sub-jurisdicti Site-based w Other (descri	onal lists aiting lists
PHA main ac PHA develop Other (list be	backets will be available at local service providers offices and will be
-	to operate one or more site-based waiting lists in the coming year, e following questions; if not, skip to subsection (3) Assignment
=	-based waiting lists will the PHA operate in the coming year? offer four site-based waiting lists. Each zone will have a separate list for size.
2. Yes X	To: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists?
3. Yes N	o: May families be on more than one list simultaneously If yes, how many lists? two

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below) Application packets that include information on site-based waiting lists, will be available at local service providers offices and will be mailed to interested parties.
(3) Assignment
 a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One Two Three or More
b. X Yes No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
(4) Admissions Preferences
 a. Income targeting: ✓ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) Emergencies Overhoused Underhoused Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below)

_	Preferences Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)
2.	Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
For	Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)
	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) lerly, displaced, or disabled singles will be admitted before other singles
spa and abs	f the PHA will employ admissions preferences, please prioritize by placing a "1" in the ce that represents your first priority, a "2" in the box representing your second priority, I so on. If you give equal weight to one or more of these choices (either through an olute hierarchy or through a point system), place the same number next to each. That ans you can use "1" more than once, "2" more than once, etc.
2 I	Date and Time
For 1	rmer Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

1	Victims of domestic violence
1	Substandard housing
1	Homelessness
1	High rent burden
DM Fair	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) MMHA gives a higher priority to applicants who are currently eligible for one or more preferences milies qualifying for three preferences will be considered first, families qualifying for two efferences next, then families qualifying for one of the preferences.
4. Rel	ationship of preferences to income targeting requirements: The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements
(5) Oc	ecupancy
rule	at reference materials can applicants and residents use to obtain information about the so of occupancy of public housing (select all that apply) The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list) ancy Rules, Pet policies, delinquency policy, schedule of sales and service charges, ace policy, rent collection policy and reimbursement policy
b. How that ap	v often must residents notify the PHA of changes in family composition? (select all ply) At an annual reexamination and lease renewal Any time family composition changes At family request for revision Other (list)

(6) Deconcentration and Income Mixing ATTACHMENT ia020j01.doc a. X Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing? b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing? c. If the answer to b was yes, what changes were adopted? (select all that apply) Adoption of site-based waiting lists If selected, list targeted developments below: Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below: Employing new admission preferences at targeted developments If selected, list targeted developments below: Other (list policies and developments targeted below) d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing? e. If the answer to d was yes, how would you describe these changes? (select all that apply) Additional affirmative marketing Actions to improve the marketability of certain developments Adoption or adjustment of ceiling rents for certain developments Adoption of rent incentives to encourage deconcentration of poverty and incomemixing Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below:
g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below:
B. Section 8
Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).
(1) Eligibility
 a. What is the extent of screening conducted by the PHA? (select all that apply) Criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation
 ✓ More general screening than criminal and drug-related activity (list factors below) ✓ Other (list below)
Past participation in other federally subsidized programs; monies owed DMMHA or other HAs; pattern of illegal use of controlled substance or pattern of abuse of alcohol.
b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
 e. Indicate what kinds of information you share with prospective landlords? (select all that apply) Criminal or drug-related activity Other (describe below)

The family's current address, the name and address of the landlord at the family's current and prior address, if known.

(2) Waiting List Organization

waiting list merg	e following program waiting lists is the section 8 tenant-based assistance ged? (select all that apply)
None Federal publ Federal mod Federal proj Other federa	ic housing lerate rehabilitation
Federal proj Other federa	ect-based certificate program al or local program (list below)
(select all that ap PHA main a Other (list be	dministrative office elow)
	are also available through local service providers and property owners interested individuals.
(3) Search Time	
a. X Yes No	b: Does the PHA give extensions on standard 60-day period to search for a unit?
hospitalization, famil	tances below: tances affecting the family's ability to locate housing, such as y emergencies or the family is requiring a three or four bedroom dwelling r handicapped housing.
(4) Admissions Pr	<u>eferences</u>
a. Income targeting	
Yes No: D	oes the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?
b. Preferences1. ∑ Yes ☐ No:	Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no,

skip to subcomponent (5) Special purpose section 8 assistance programs)

2.	Which of the following admission preferences does the PHA plan to employ in the
	coming year? (select all that apply from either former Federal preferences or other
	preferences)

Former	r Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)		
\boxtimes	Victims of domestic violence		
	Substandard housing		
	Homelessness		
	High rent burden (rent is > 50 percent of income)		
Other p	preferences (select all that apply)		
	Working families and those unable to work because of age or disability		
	Veterans and veterans' families		
	Residents who live and/or work in your jurisdiction		
	Those enrolled currently in educational, training, or upward mobility programs		
	Households that contribute to meeting income goals (broad range of incomes)		
	Households that contribute to meeting income requirements (targeting)		
	Those previously enrolled in educational, training, or upward mobility programs		
	Victims of reprisals or hate crimes		
	Other preference(s) (list below)		
space to priority through	e PHA will employ admissions preferences, please prioritize by placing a "1" in the hat represents your first priority, a "2" in the box representing your second a, and so on. If you give equal weight to one or more of these choices (either an absolute hierarchy or through a point system), place the same number next to That means you can use "1" more than once, "2" more than once, etc.		
2	Date and Time		
Forme	r Federal preferences		
1	Involuntary Displacement (Disaster, Government Action, Action of Housing Owner,		
	Inaccessibility, Property Disposition)		
1	Victims of domestic violence		
1	Substandard housing		
1	Homelessness		
1			

Other preferences (select all that apply)	
Working families and those unable to work because of age or disability	
Veterans and veterans' families	
Residents who live and/or work in your jurisdiction	
Those enrolled currently in educational, training, or upward mobility programs	
Households that contribute to meeting income goals (broad range of incomes)	
Households that contribute to meeting income requirements (targeting)	
Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(a) (list below)	:
Victims of reprisals or hate crimes	
Other preference(s) (list below)	
Families qualifying for three preferences will be considered first. Families qualifying for two preferences next and then families qualifying for any one of the preferences.	es
4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)	S
Date and time of application	
Drawing (lottery) or other random choice technique	
5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one) This preference has previously been reviewed and approved by HUD The PHA requests approval for this preference through this PHA Plan	
6. Relationship of preferences to income targeting requirements: (select one)	
The PHA applies preferences within income tiers	
Not applicable: the pool of applicant families ensures that the PHA will meet inco- targeting requirements	me
(5) Special Purpose Section 8 Assistance Programs	
a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by th PHA contained? (select all that apply) The Section 8 Administrative Plan Briefing sessions and written materials Other (list below)	ıe

to t	w does the PHA announce the availability of any special-purpose section 8 programs the public? Through published polices
\boxtimes	Through published notices Other (list below)
Local S	Service Providers are contacted
	HA Rent Determination Policies
[24 CFR	Part 903.7 9 (d)]
A. Pu	ublic Housing
Exempti 4A.	ions: PHAs that do not administer public housing are not required to complete sub-component
(1) In	come Based Rent Policies
Describe discretion	e the PHA's income based rent setting policy/ies for public housing using, including onary (that is, not required by statute or regulation) income disregards and exclusions, in the iate spaces below.
a. Use	of discretionary policies: (select one)
	The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to subcomponent (2))
or	-
	The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)
b. Min	imum Rent
1. Wha	at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50

Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
. If yes to question 2, list these policies below:
. Rents set at less than 30% than adjusted income
. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
 Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:
Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below:
For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)
. Ceiling rents . Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income)
 Yes for all developments Yes but only for some developments No

y)
t all
or (select
es in
:1

(2) Flat Rents
 In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.) The section 8 rent reasonableness study of comparable housing Survey of rents listed in local newspaper Survey of similar unassisted units in the neighborhood Other (list/describe below)
B. Section 8 Tenant-Based Assistance
Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).
(1) Payment Standards
Describe the voucher payment standards and policies.
 a. What is the PHA's payment standard? (select the category that best describes your standard) At or above 90% but below100% of FMR 100% of FMR Above 100% but at or below 110% of FMR Above 110% of FMR (if HUD approved; describe circumstances below)
 b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket Other (list below)
c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select

FMRs are not adequate to ensure success among assisted families in the PHA's

all that apply)

segment of the FMR area

 \boxtimes

Reflects market or submarket To increase housing options for families Other (list below)
 d. How often are payment standards reevaluated for adequacy? (select one) Annually Other (list below)
 e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply) Success rates of assisted families Rent burdens of assisted families Other (list below)
(2) Minimum Rent
a. What amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
5. Operations and Management [24 CFR Part 903.7 9 (e)]
Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)
A. PHA Management Structure
Describe the PHA's management structure and organization. (select one)
An organization chart showing the PHA's management structure and organization is
attached. ATTACHMENT ia020k01.doc
A brief description of the management structure and organization of the PHA follows

Expires: 03/31/2002

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families	Expected
	Served at Year	Turnover
	Beginning	
Public Housing	800	10 MONTHLY
Section 8 Vouchers	2315	12 MONTHLY
Section 8 Certificates	Included under vouchers	
Section 8 Mod Rehab	125	3 MONTHLY
Special Purpose Section		
8 Certificates/Vouchers		
(list individually)		
Public Housing Drug	700	50
Elimination Program		
(PHDEP)		
2001	700	50
Other Federal	350	50
Programs(list individually)		
ROSS		
Shelter & Care	60	20
ROSS Family Success	50	15
Homeownership 5H	25	25

^{***} The Agency has chosen to combine the Certificate & voucher number of families being served due to the complexity of the merger of the Certificate & voucher programs. Individual program number will change as certificate participants and funding increments convert to Housing Choice vouchers

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)
Admissions & Continued Occupancy Policy
Maintenance Plan

Schedule of Maintenance Charges Sales & Services Charges

(2) Section 8 Management: (list below)
Administrative Plan

DMMHA personnel policies, procurement policies, asset disposition policies and any other management policy are included in the City of Des Moines Administrative manual or DMMHA procedures manual.

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

 Public Housing Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?
If yes, list additions to federal requirements below:
Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply) PHA main administrative office PHA development management offices Other (list below)
Section 8 Tenant-Based Assistance
If yes, list additions to federal requirements below:

 2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply) PHA main administrative office Other (list below)
7. Capital Improvement Needs [24 CFR Part 903.7 9 (g)]
Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.
A. Capital Fund Activities
Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.
(1) Capital Fund Program Annual Statement
Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template OR , at the PHA's option, by completing and attaching a properly updated HUD-52837.
Select one: ATTACHMENT ia020l01.doc
The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)
-or-
The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)
(2) Optional 5-Year Action Plan
Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template OR by completing and attaching a properly updated HUD-52834.
a. X Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one: ATTACHMENT ia020m01.doc
The Capital Fund Program 5-Year Action Plan is provided as an attachment to the
PHA Plan at Attachment (state name
-or-
The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here) ATTACHMENT ia020n01.doc – Performance & Evaluation Report
ATTACITIVE NT 1a0201101.u0c - Terrormance & Evaluation Report
B. HOPE VI and Public Housing Development and Replacement
Activities (Non-Capital Fund)
Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.
Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary) b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)
1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
Revitalization Plan under development
Revitalization Plan submitted, pending approval
Revitalization Plan approved
Activities pursuant to an approved Revitalization Plan underway
Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in
the Plan year?
If yes, list development name/s below:
Yes No: d) Will the PHA be engaging in any mixed-finance development
activities for public housing in the Plan year?
If yes, list developments or activities below:

Yes No: e)	Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:
8. Demolition an	d Disposition
[24 CFR Part 903.7 9 (h)]	
Applicability of componer	nt 8: Section 8 only PHAs are not required to complete this section.
1. X Yes No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)
2. Activity Description	
☐ Yes ☒ No:	Has the PHA provided the activities description information in the optional Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table
	below.)
	below.) Demolition/Disposition Activity Description
1a. Development name	Demolition/Disposition Activity Description
-	Demolition/Disposition Activity Description
-	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17
1b. Development (pro 2. Activity type: Demo	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17
1b. Development (pro 2. Activity type: Demo	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition
1b. Development (pro 2. Activity type: Demo Dispos	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition
1b. Development (pro 2. Activity type: Demo Dispose 3. Application status (s Approved ⊠ Submitted, pen	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition li
1b. Development (pro 2. Activity type: Demo Dispos 3. Application status (s Approved Submitted, pen Planned application	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 dition ition itin iti
1b. Development (pro 2. Activity type: Demo Dispose 3. Application status (s Approved ⊠ Submitted, pen Planned application app	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition l
1b. Development (production) 2. Activity type: Demoder Dispose 3. Application status (solution) Approved Submitted, pender Planned application applications and application applications application applications applicat	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 dition lition l
1b. Development (pro 2. Activity type: Demo Dispose 3. Application status (s Approved Submitted, pen Planned application application application of units affects 6. Coverage of action	Demolition/Disposition Activity Description giect) number: IA020-08,09,10,11,12,13,15,16, & 17 lition lit
1b. Development (production) 2. Activity type: Demoder Disposes 3. Application status (sometimes Approved Submitted, pender Planned application appl	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition
1b. Development (production) 2. Activity type: Demoder Disposed 3. Application status (sometimes Approved Submitted, pender Planned application application application application application of units affect application Part of the development Total development	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 dition ition
1b. Development (production) 2. Activity type: Demoder Dispose 3. Application status (sometimes Approved Submitted, pender Planned application application application application application application application in Part of the development Total development 7. Timeline for activity:	Demolition/Disposition Activity Description i: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition l
1b. Development (production) 2. Activity type: Demoder Disposes 3. Application status (sometimes Approved Submitted, pender Planned application application application application application of the development of the de	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition l
1b. Development (production) 2. Activity type: Demoder Disposes 3. Application status (sometimes Approved Submitted, pender Planned application application application application application of the development of the de	Demolition/Disposition Activity Description :: ject) number: IA020-08,09,10,11,12,13,15,16, & 17 lition l

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

124 CFR	Part	903.7	Q	G
124 CFB	Part	905.7	9	(1)

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section
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	, , , , , , , , , , , , , , , , , , ,
1. ⊠ Yes □ No:	Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to
	component 10.)
2. Activity Description	
Yes No:	Has the PHA provided all required activity description information for this component in the optional Public Housing Asset
	Management Table? If "yes", skip to component 10. If "No",
	complete the Activity Description table below.
De	esignation of Public Housing Activity Description
1a. Development name	e:
1b. Development (pro	eject) number: IA020-02,03,04 & 014
2. Designation type:	
	only the elderly
	families with disabilities
	only elderly families and families with disabilities
3. Application status (,
= =	luded in the PHA's Designation Plan
-	nding approval
Planned applic	
_	on approved, submitted, or planned for submission: 09/03/2001
(DD/MM/YY	<u>)</u>

5. If approved, will this designation constitute a (select one) New Designation Plan			
Revision of a previously-approved Designation Plan?			
6. Number of units affected: 190			
7. Coverage of action (select one)			
Part of the develop	oment		
	t		
	of Public Housing to Tenant-Based Assistance		
[24 CFR Part 903.7 9 (j)]	nent 10; Section 8 only PHAs are not required to complete this section.		
Exemptions from Compon	lent 10, Section 8 only PHAs are not required to complete this section.		
A. Assessments of R	Reasonable Revitalization Pursuant to section 202 of the HUD		
FY 1996 HUI	O Appropriations Act		
1. \square Yes \boxtimes No:	Have any of the PHA's developments or portions of developments		
	been identified by HUD or the PHA as covered under section 202		
	of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to		
	component 11; if "yes", complete one activity description for each		
	identified development, unless eligible to complete a streamlined		
	submission. PHAs completing streamlined submissions may skip to		
	component 11.)		
2. Activity Description	n		
Yes No:	Has the PHA provided all required activity description information		
	for this component in the optional Public Housing Asset		
	Management Table? If "yes", skip to component 11. If "No",		
	complete the Activity Description table below.		
Conversion of Public Housing Activity Description			
1a. Development name	2:		
1b. Development (proj			
	f the required assessment?		
	nt underway		
	nt results submitted to HUD		
	nt results approved by HUD (if marked, proceed to next question)		
Uther (explain below)			
2 No. In Committee Discounting			
3. Yes No: Is block 5.)	s a Conversion Plan required? (If yes, go to block 4; if no, go to		

4. Status of Conversion	on Plan (select the statement that best describes the current status)
Conversion	n Plan in development
Conversion	on Plan submitted to HUD on: (DD/MM/YYYY)
Conversion	on Plan approved by HUD on: (DD/MM/YYYY)
Activities	pursuant to HUD-approved Conversion Plan underway
5. Description of how	requirements of Section 202 are being satisfied by means other than
conversion (select one)
Units add	ressed in a pending or approved demolition application (date
	submitted or approved:
Units add	ressed in a pending or approved HOPE VI demolition application
	(date submitted or approved:)
Units add	ressed in a pending or approved HOPE VI Revitalization Plan (date
	submitted or approved:)
Requirem	ents no longer applicable: vacancy rates are less than 10 percent
^	ents no longer applicable: site now has less than 300 units
•	escribe below)
	,
B. Reserved for Cor	nversions pursuant to Section 22 of the U.S. Housing Act of
1937	The state of the s
C Reserved for Co	nversions pursuant to Section 33 of the U.S. Housing Act of
	nversions pursuant to Section 33 of the U.S. Housing Act of
C. Reserved for Co. 1937	nversions pursuant to Section 33 of the U.S. Housing Act of
	nversions pursuant to Section 33 of the U.S. Housing Act of
1937	
1937 11. Homeowners	nversions pursuant to Section 33 of the U.S. Housing Act of ship Programs Administered by the PHA
1937	
1937 11. Homeowners	
11. Homeowners [24 CFR Part 903.7 9 (k)]	
11. Homeowner: [24 CFR Part 903.7 9 (k)] A. Public Housing	
11. Homeowner: [24 CFR Part 903.7 9 (k)] A. Public Housing	ship Programs Administered by the PHA
11. Homeowner: [24 CFR Part 903.7 9 (k)] A. Public Housing Exemptions from Compo	ship Programs Administered by the PHA nent 11A: Section 8 only PHAs are not required to complete 11A.
11. Homeowner: [24 CFR Part 903.7 9 (k)] A. Public Housing	ship Programs Administered by the PHA nent 11A: Section 8 only PHAs are not required to complete 11A. Does the PHA administer any homeownership programs
11. Homeowner: [24 CFR Part 903.7 9 (k)] A. Public Housing Exemptions from Compo	ship Programs Administered by the PHA nent 11A: Section 8 only PHAs are not required to complete 11A. Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)
11. Homeowner: [24 CFR Part 903.7 9 (k)] A. Public Housing Exemptions from Compo	ship Programs Administered by the PHA nent 11A: Section 8 only PHAs are not required to complete 11A. Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved
11. Homeowner: [24 CFR Part 903.7 9 (k)] A. Public Housing Exemptions from Compo	ship Programs Administered by the PHA nent 11A: Section 8 only PHAs are not required to complete 11A. Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)

applicable program/plan, unless eligible to complete a streamlined submission due to small PHA or high performing PHA status. PHAs completing streamlined submissions may skip to component 11B.) 2. Activity Description Yes No: Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.) **Public Housing Homeownership Activity Description** (Complete one for each development affected) 1a. Development name: 1b. Development (project) number: IA05020-008,009,010,012,013, & 017 2. Federal Program authority: HOPE I (h) Turnkey III Section 32 of the USHA of 1937 (effective 10/1/99) 3. Application status: (select one) Approved; included in the PHA's Homeownership Plan/Program Submitted, pending approval Planned application 4. Date Homeownership Plan/Program approved, submitted, or planned for submission: 28/07/1992 Revisions Approved 31/05/2000 5. Number of units affected: 124 6. Coverage of action: (select one) Part of the development Total development **B. Section 8 Tenant Based Assistance** 1. \square Yes \boxtimes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12;

section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each

if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.) 2. Program Description:

. Size of Program	
Yes No:	Will the PHA limit the number of families participating in the section
	8 homeownership option?
If the answer to	the question above was yes, which statement best describes the
number of part	icipants? (select one)
25 or fe	ewer participants
26 - 50	participants
51 to 1	00 participants
more the	han 100 participants
. PHA-established eli	gibility criteria
	the PHA's program have eligibility criteria for participation in its ection 8 Homeownership Option program in addition to HUD criteria?
If	yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

	operative agreements: Solution Solution Solution in Solution Solu
	If yes, what was the date that agreement was signed? <u>DD/MM/YY</u>
2. Oth	er coordination efforts between the PHA and TANF agency (select all that apply)
\boxtimes	Client referrals
\bowtie	Information sharing regarding mutual clients (for rent determinations and otherwise)

 ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families ☐ Jointly administer programs ☐ Partner to administer a HUD Welfare-to-Work voucher program ☐ Joint administration of other demonstration program ☐ Other (describe) DMMHA is in the process of establishing an agreement with the TANF Agency 			
B. Services and programs offered to residents and participants			
(1) General			
the economic and s (select all that apply Public hous Section 8 a Preference Preferences programs f Preferences Preferences	e following discretionary policies will the PHA employ to enhance ocial self-sufficiency of assisted families in the following areas?		
b. Economic and S	Social self-sufficiency programs		
⊠ Yes □ No:	Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)		
ATTACHMENT ia020o01.doc			
	Services and Programs		

Program Name & Description	Estimated	Allocation	Access	Eligibility
(including location, if appropriate)	Size	Method	(development office /	(public housing or
		(waiting	PHA main office / other	section 8
		list/random	provider name)	participants or
		selection/specific		both)
		criteria/other)		
	, in the second			

(2) Family Self Sufficiency program/s

a. Participation Description

1			
Family Self Sufficiency (FSS) Participation			
Program	Required Number of Participants	Actual Number of Participants	
	(start of FY 2000 Estimate)	(As of: DD/MM/YY)	
Public Housing	0	6	
Section 8	57	20	

b. Xes No:	If the PHA is not maintaining the minimum program size required by
	HUD, does the most recent FSS Action Plan address the steps the
	PHA plans to take to achieve at least the minimum program size?
	If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1.	The PHA is complying with the statutory requirements of section 12(d) of the U.S.
	Housing Act of 1937 (relating to the treatment of income changes resulting from welfare
	program requirements) by: (select all that apply)
$\overline{}$	7

$\sum_{i=1}^{n}$	Adopting appropriate changes to the PHA's public housing rent determination
	policies and train staff to carry out those policies

Informing residents of new policy on admission and reexamination

\boxtimes	Actively notifying residents of new policy at times in addition to admission and
\boxtimes	reexamination. Establishing or pursuing a cooperative agreement with all appropriate TANF
\boxtimes	agencies regarding the exchange of information and coordination of services Establishing a protocol for exchange of information with all appropriate TANF
	agencies Other: (list below)
	eserved for Community Service Requirement pursuant to section 12(c) of the
U.S. 1	Housing Act of 1937
[24 CF] Exemp Section	PHA Safety and Crime Prevention Measures R Part 903.7 9 (m)] tions from Component 13: High performing and small PHAs not participating in PHDEP and a 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating DEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.
A. N	eed for measures to ensure the safety of public housing residents
	escribe the need for measures to ensure the safety of public housing residents (select all tapply) High incidence of violent and/or drug-related crime in some or all of the PHA's developments High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments Residents fearful for their safety and/or the safety of their children Observed lower-level crime, vandalism and/or graffiti People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime Other (describe below)
	hat information or data did the PHA used to determine the need for PHA actions to approve safety of residents (select all that apply).
	Safety and security survey of residents Analysis of crime statistics over time for crimes committed "in and around" public housing authority Analysis of cost trends over time for repair of vandalism and removal of graffiti Resident reports PHA employee reports

	Police reports Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs Other (describe below)
3. Wł	nich developments are most affected? (list below) All Developments
	rime and Drug Prevention activities the PHA has undertaken or plans to take in the next PHA fiscal year
all that	t the crime prevention activities the PHA has undertaken or plans to undertake: (select apply) Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities Crime Prevention Through Environmental Design Activities targeted to at-risk youth, adults, or seniors Volunteer Resident Patrol/Block Watchers Program Other (describe below) Work with Des Moines Police Department on community policing strategies
	All Developments oordination between PHA and the police
1. De	scribe the coordination between the PHA and the appropriate police precincts for any out crime prevention measures and activities: (select all that apply)
	Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan Police provide crime data to housing authority staff for analysis and action Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) Police regularly testify in and otherwise support eviction cases Police regularly meet with the PHA management and residents Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services Other activities (list below)
2. Wh	nich developments are most affected? (list below)

All Developments

D. Additional information as required by PHDEP/PHDEP Plan PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? Yes No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan? Yes No: This PHDEP Plan is an Attachment. (Attachment Filename:) ATTACHMENT ia020p01.doc
14. RESERVED FOR PET POLICY
15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)] Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.
16. Fiscal Audit [24 CFR Part 903.7 9 (p)]
 Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.) Yes No: Was the most recent fiscal audit submitted to HUD? Yes No: Were there any findings as the result of that audit? Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain?3 5. \(\subseteq \text{ Yes} \subseteq \text{ No:} \) Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?
17. PHA Asset Management [24 CFR Part 903.7 9 (q)]
Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.	Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have not been addressed elsewhere in this PHA Plan?
	hat types of asset management activities will the PHA undertake? (select all that apply) Not applicable Private management Development-based accounting Comprehensive stock assessment City wide use of new software will implement asset management Other: (list below) Yes No: Has the PHA included descriptions of asset management activities in the optional Public Housing Asset Management Table?
[24 CFR	Other Information Part 903.7 9 (r)] sident Advisory Board Recommendations
1. 🔀	Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If y □	es, the comments are: (if comments were received, the PHA MUST select one) Attached at Attachment (File name) ATTACHMENT ia020q01.doc Provided below:
3. In v	what manner did the PHA address those comments? (select all that apply) Considered comments, but determined that no changes to the PHA Plan were necessary. The PHA changed portions of the PHA Plan in response to comments List changes below:
	Other: (list below)
B. De	scription of Election process for Residents on the PHA Board

1. ☐ Yes ⊠ No:	Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. Yes No:	Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.)
3. Description of Reside By City ordinance Council.	ent Election Process ce all PHA board members are appointed by the Des Moines City
Candidates were Candidates could	ntes for place on the ballot: (select all that apply) nominated by resident and assisted family organizations I be nominated by any adult recipient of PHA assistance Candidates registered with the PHA and requested a place on
Any adult recipie	
assistance)	all that apply) hts of PHA assistance (public housing and section 8 tenant-based of all PHA resident and assisted family organizations
	stency with the Consolidated Plan dated Plan, make the following statement (copy questions as many times as
	isdiction: (provide name here)
	ne following steps to ensure consistency of this PHA Plan with the the jurisdiction: (select all that apply)

\boxtimes	The PHA has based its statement of needs of families in the jurisdiction on the needs
\boxtimes	expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the
\boxtimes	Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development
	of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
	Other: (list below)
4. The	e Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) Identifies affordable housing on one of the City's priorities.
D. Ot	her Information Required by HUD
<u>ATT</u>	ACHMENT Resident Assessment Survey (RASS) response to
score	s ia020r01.doc
ATT	ACHMENT – Resident Advisory Board ia020s01.doc
ATT	ACHMENT – Pet Policy ia020t01.doc
ATT	ACHMENT – Community Service summary ia020u01.doc
Use this	s section to provide any additional information requested by HUD.

Use this section to provide any additional attachments referenced in the Plans.

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number	FFY of Grant Approval: (MM/YYYY)

	Original Annual Statement
--	---------------------------

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Development Number	Development Name (or indicate PHA wide)	Number Vacant Units		cancies elopment	
Description of Neo	eded Physical Improvements or Ma	nagement Improve	ments	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated co	ost over next 5 years				

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

	Public Housing Asset Management									
	lopment		Activity Description							
Ident	ification									
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III Component 7a	Development Activities Component 7b	Demolition / disposition Component 8	Designated housing Component 9	Conversion Component 10	Home- ownership Compone nt 11a	Other (describe) Component 17		

0 GOALS

GOAL ONE: MANAGE DMMHA'S PROGRAMS IN AN EFFICIENT AND EFFECTIVE MANNER.

OBJECTIVES:

- 1) DMMHA will strive to achieve a high performer status under HUD's evaluation system.
- To improve the financial status of the department and to generate income to expand the financial resources available to the department.
- To strive for cost effectiveness in maximizing the limited resources available for achievement of the goal of providing housing for low and moderate income households.
- 4) To leverage to the maximum extent feasible the funds available to the department.

GOAL TWO: DEVELOPMENT OF AFFORDABLE HOUSING

OBJECTIVES:

- 1) To develop, as owner, sponsor, lender, technical assistant, consultant or advocate, housing affordable to low and moderate income households.
- 2) To stimulate and encourage, the participation of the private sector in the development and providing of housing for low and moderate income households.
- To assist in developing the experience, expertise, and capacity of community based organizations whose organizational mission includes developing housing affordable to low and moderate income households.

GOAL THREE: INCREASE ASSISTED HOUSING CHOICES

OBJECTIVES:

- 1) DMMHA shall increase the number of residents in the Homeownership Program.
- 2) Designate buildings for particular resident groups (elderly, persons with disabilities).
- 3) Expand the marketing of the Section 8 Rental Assistance Program within Polk County.

GOAL FOUR: PROMOTE SELF-SUFFICIENCY

OBJECTIVES:

- 1) To contribute to attaining housing related social objectives, such as economic development and support services for program participants.
- 2) Promote and coordinate supportive services to increase independence for the elderly or families with disabilities.

STATEMENT OF PROGRESS FIVE YEAR PLAN MISSION AND GOALS

Des Moines Municipal Housing Agency has evaluated and continues to evaluate all programs, grants, policies and procedures to identify all available financial resources and modify, if necessary, all aspects of program and grant development and implementation.

Des Moines Municipal Housing Agency is working with other community housing and service providers to develop new housing programs and enhance current services to our clients.

Des Moines Municipal Housing Agency has aggressively increased activity in the Public Housing 5h Homeownership program, received approval to implement a Designated Housing Program and is currently implementing a revision and expansion of our Family Self-sufficiency Program.

Des Moines Municipal Housing Agency has increased our leasing rates in both the Section 8 and public Housing programs. Marketing activities have increased and waiting lists for our programs have been expanded.

Grants have been reviewed and updated, using input from the Resident Assessment survey and comments from residents as guidelines for these revisions.

ANNUAL AGENCY PLAN

1. STATEMENT OF HOUSING NEEDS

A. Families with Disabilities

This information was obtained by using the 1990 census information for Polk County and the Polk County Management Plan for Mental Retardation, Mental Health and Developmental Disabilities (attached). Research was done with various agencies throughout Polk County. Those agencies include: Department of Human Services, Easter Seals, Central Iowa Center for Independent Living, the State Library, Drake Library, Goodwill, and Bethel Mission. None of these agencies had a number which included all persons with disabilities. The consolidated plan does not require a number count of the special needs subgroups. Therefore, this number was obtained by combining the Polk County Management Plan figures for Mental Health, Developmental disabilities, and mental retardation with the 1990 census information for persons with a mobility limitation. This number reflects the total population of disabled, not renters only.

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2. PART B - HOUSING NEEDS OF FAMILIES

NOTE: The Waiting List Total in Appendix 3 – Waiting List Report Public Housing Program – includes all pre-applications and active applications.

The numbers on the second chart (% AMI and Families with Children) represent Active applicants only. The HA does not enter data on preapplications with regards to family members and income. This information is added to their computer record at the Active application stage, which is approximately two months' prior to the issuance of the Offer of the Unit for the Public Housing Program.

Annual Turnover: The agency maintains records of average turnover per waiting list (Public Housing or Section 8) but does not keep records of average turnover by %AMI. Average turnover for the public housing waiting list is 394 a year.

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PART B - HOUSING NEEDS OF FAMILIES

NOTE: The Waiting List Total in Appendix 4 – Waiting List Report Section 8 Program – includes all pre-applications and Active applications.

The numbers on the second chart (% AMI and Families with Children) represent Active applicants only. The HA does not enter data on preapplications with regards to family members and income. This information is added to their computer record at the Active application stage, which is approximately two months' prior to the issuance of the Offer of the Housing Choice Voucher.

Annual Turnover: The agency maintains records of average turnover per waiting list (Public Housing or Section 8) but does not keep records of average turnover by %AMI. Average turnover for the Section 8 waiting list is 870 a year.

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DECONCENTRATION

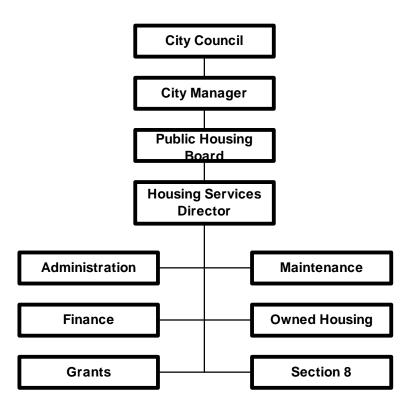
DMMHA's family public housing units were all developed as scattered sites throughout the city of Des Moines and therefore always promoted deconcentration of poverty.

Analysis of the family developments indicate all projects except two are within established income ranges. These two projects are not concentrated in any one area of the city of Des Moines and are either single family units or duplexes.

Additionally, DMMHA has implemented a site-based waiting list beginning in 2001, which will also continue to promote deconcentration of poverty.

Both the site-based waiting list and incomes in the family projects will be monitored on an annual basis.

Housing Services Department



Annual Statement/Performance and Evaluation Report Capital Fund Program (CFP) Part I: Summary

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name (City of Des Moines, Iowa Municipal Housing Agency	•	Capital Fund Number IA05-PO20-501-01		
Original A	nnual Statement ☐ Reserve for Disaster/Emergencies ☐ Revised Annual S formance & Evaluation Report	statement/Revision Number	Performance & Ev	aluation Report for Pro	gram Year Ending
Line No.	Summary by Development Account	Total Esti Original	imated Cost Revised (1)	Total Obligated	Actual Cost (2) Expended
1	Total Non-CFP Funds (May not exceed 10% of line 19)				
2	1406 Operations	157,372			
3	1408 Management Improvements	122,400			
4	1410 Administration	132,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	46,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	158,700			
10	1460 Dwelling Structures	804,750			
11	1465.1 Dwelling Equipment - Nonexpendable	100,000			
12	1470 Nondwelling Structures	20,000			
13	1475 Nondwelling Equipment	29,305			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs	2,500			
17	1498 Mod Used for Development				
18	1502 Contingency (May not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	1,573,727			
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				
=	Executive Director and Date		ector/Office of Native American P	rograms Administrator and	d Date
Χ		l X			

Page 1 of 5

To be completed for the Performance and evaluation report or a Revised Annual Statement
 To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Capital Fund Program (CFP) Part II: Supporting Pages

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estir	Total Estimated Cost Total Actual Cost		ctual Cost	Status of Proposed Work (2)
Activities	vvork Categories	Number		Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	vvoik (2)
PHA-Wide Management	Operations a. Salaries	1406 1408		157,372				
Improvements	a. Salaries Director (10%) Assistant Director (10%) Accounting Administrator (10%) Accounting Assistant (10%) Accounting Assistant (10%) Bookkeeper (10%) Bookkeeper (10%) Database Administrator (100%)	1400		10,000 6,500 5,200 2,600 2,600 3,000 3,000 44,000				
	b. Employee Benefits	1408		21,000				
	c. Software and Training	1408		10,000				
	d. Staff Training	1408		14,500				
Administration	a. Salaries Projects Specialist (100%) Projects Specialist (100%) Maintenance Supervisor (20%)	1410.2 1410.2 1410.2		45,500 38,000 10,200				
	b. Employee Benefits	1410.9		31,300				
	c. Advertising d. Capital Funds Grant Preparation Cost	1410.19 1410.19		5,000 1,500				
Fees and Cost	a. Architecture & Engineering	1430		30,000				
	b. A & E - Miscellaneous Expense	1430		1,500				
	c. Engineering Study-Boilers/H2O Heaters & Elevator Controls (RVM)	1430		15,000				
20-2 ROYAL VIEW MANOR	Replace Water Lines @ 10 Drops Remodel Apts (Kitchens & Closet Doors)	1460 1460	10	100,000 100,000				FORCE ACCOUNT LABOR PROJECT
	Replace Laundry Room Doors w/ Windows	1460		10,000				
20-3 EAST VIEW	Replace Hallway Lighting Repairs to Roof-Ice Damage	1460 1460		40,000 10,000				
	Repaint Apts - 5YR Paint Plan	1460	50	100,000				
	Replace Patio Doors	1460	50	125,000				

2001 CFP

Page 2 of 5

Facsimile of form HUD-52837 (10/96) ref Handbook 7485.3

Annual Statement/Performance and Evaluation Capitol Fund Program (CFP) Part II: Supporting Pages

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Dovolonment								
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity			Funds Obligated (2)	Funds Expended (2)	Status of Proposed Work (2)
				Original	Revised (1)	Obligated (2)	Expended (2)	
20-4 South View Manor	Repaint Apts - 5 YR Paint Plan	1460	25	40,000				
20-8 Capitol View Homes	Replace Kitchen Cabinets& Countertops	1460	18	35,000				
20-9 All American City Homes	Replace Site Concrete	1450	20	30,000				
20-10 Shelter Vista Homes	Reside Exteriors Replace Site Concrete	1460 1450	6 20	50,000 50,000				
20-11 Twin Rivers Abodes	Replace Site Concrete	1450	8	28,700				
20-13 City Wide Homes	Replace Roofs	1460	8	48,450				
20-15 Suprising City Homes	Replace Roofs	1460	10	50,000				
20-16 All Season Homes	Replace Roofs	1460	24	96,000				
20-17 City Wide Homes II	Replace Site Concrete	1450	10	50,000				

2001 CFP

Page 3 of 5

Facsimile of form 52837 (10/96) ref Handbook 7485.3

Annual Statement/Performance and Evaluation Capital Fund Program (CFP) Part II: Supporting Pages

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Quantity Account Number		Total Estir	Total Estimated Cost		tual Cost	Status of Proposed Work (2)
Activities	Work Categories	Number		Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	**************************************
Non-Dwelling Equiipment	a. Computer Equipment b. Maintenance Equipment	1475.1 1475.2		17,200 12,105				
Relocation Cost	Relocation Cost	1495.1		2,500				
Agency Wide	Appliance Replacements	1465.1	80	100,000				
Non-Dwelling Structures	Lease Hold Improvements @ New Admin Offices	1470		20,000				

To be completed for Performance and Evaluation Report or a Revised Annual Statement.
 To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Development Number/Name HA -	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
Wide Activities	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
IA20-2 ROYAL VIEW MANOR	03/31/03			09/30/03			
IA203 EAST VIEW MANOR	03/31/03			09/31/03			
IA20-4 SOUTH VIEW MANOR	03/31/03			09/30/03			
IA20-8 CAPITOL VIEW HOMES	03/31/03			09/30/03			
IA20-9 ALL AMERICAN HOMES	03/31/03			09/30/03			
IA20-10 SHELTER VISTA HOMES	03/31/03			09/30/03			
IA20-11 TWIN RIVERS HOMES	03/31/03			09/30/03			
IA20-13 CITY WIDE HOMES	03/31/03			09/30/03			
IA20-15 SUPRISING CITY HOMES	03/31/03			09/30/03			
IA20-16 ALL SEASON HOMES	03/31/03			09/30/03			
IA20-17 CITY WIDE HOMES II	03/31/03			09/30/03			
				 			l
Signature of Executive Director and Date X				Signature of Public Housing Director/Office of Native American Programs Administrator and Date X			

Part I: Summary Capitol Fund Program (CFP)

HA Name: Des Moines Municipal Housing Agency	Locality (City/	County & State): Des Moine	s, Iowa (Polk Co.)	olk Co.)				
A. Development Number/Name	WorkStm t. for Year 1 FFY: 01	Work Statement for Year 2 FFY: 2002	Work Statement for Year 3 FFY: <u>2003</u>	Work Statement for Year 4 FFY: <u>2004</u>	Work Statement for Year 5 FFY: <u>2005</u>			
IA20-2 Royal View Manor		200,000	260,435	400,000	226,460			
IA20-3 East View Manor		150,000	80,000	60,000	15,000			
IA20-4 South View Manor		100,000	45,000	50,000	100,000			
IA20-8 Capital City Homes	See	125,000	50,000	60,000	120,000			
IA20-9 All American Homes	Annual	125,000	205,000	85,000	85,000			
IA20-10 Shelter Vista Homes	Statemen t	75,000	95,000	95,000	95,000			
IA20-11 Twin Rivers Abodes		85,000	25,000	25,000	50,000			
IA20-12 City of Bridges		20,500	0	25,000	25,000			
IA20-13 City Wide Homes		30,000	40,000	35,000	40,000			
Continued on next page								
B. Physical Improvements Subtotal		1,130,625	1,100,435	1,118,010	1,111,460			
C. Management Improvements		87,220	89,420	91,720	94,040			
D. HA-Wide Nondwelling Structures and Equipment		27,200	51,200	27,200	27,200			
E. Administration		137,310	141,300	145,425	149,655			
F. Other		34,000	34,000	34,000	34,000			
G. Operations		157,372	157,372	157,372	157,372			
H. Demolition		0	0	0	0			
I. Replacement Reserve		0	0	0	0			
J. Mod Used for Development		0	0	0	0			
K. Total CFP Funds		1,573,727	1,573,727	1,573,727	1,573,727			
L. Total Non-CFP Funds		0	0	0	0			
M. Grand Total		1,573,727	1,573,727	1,573,727	1,573,727			
Signature of Executive Director and Date:			Signature of Public Housing Di	rector/Office of Native American Pro	ograms Administrator and Date			

Page<u>1</u> of <u>8</u>

Five-Year Action Plan Part I: Summary (Continuation) Capitol Fund Program (CFP)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

A. Development Number/Name	Work Stmt. for Year 1 FFY: 01	Work Statement for Year 2 FFY: <u>2002</u>	Work Statement for Year 3 FFY: <u>2003</u>	Work Statement for Year 4 FFY: <u>2004</u>	Work Statement for Year 5 FFY: <u>2005</u>
IA20-14 Haven Homes		45,000	80,000	100,000	100,000
IA20-15 Suprising City Homes		80,125	70,000	40,000	60,000
IA20-16 All Season Homes			50,000	70,000	100,000
IA20-17 City Wide Homes II		60,000	40,000	73,010	40,000
IA20-18 City Beat	See	35,000	60,000		55,000
	Annual				
	Statement				

Five-Year Action Plan Part II: Supporting Pages Physical Needs Work Statement(s) Capitol Fund Program (CFP)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Work Statement	Work Statement for Ye FFY: <u>2002</u>	ar <u>2</u>		Work Statement for Year FFY: <u>2002</u>	2		
for Year 1 FFY: <u>01</u>	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Costs	
	IA20-2 Royal View Manor Remodel Apts (Kitchens & Closet Doors)	22	200,000	IA20-14 Haven Homes(Oak Park & Hiland Park) Replace Flag Poles Relace Water Heaters	2	10,000 35,000	
				IA20-15 Suprising City Homes			
	IA20-3 East View Manor Replace Countertps & Cabinets in Apartments	50	150,000	Replace Roofs	12	80,125	
	IA20-4 South View Manor Replace Hollow Metal Windows In Common Areas With Aluminum Windows		100,000	IA20-16 All Season Homes			
See	IA20-8 Capital City Homes		100,000	IA20 - 17 City Wide Homes II			
Annual	Replace Kit, Cabinets, Counters & Faucets	35	125,000	Replace Site Concrete Replace Rotted Masonite Siding	10 5	30,000 30,000	
Statemen t	IA20-9 All American Homes						
	Replace Kit, Cabinets, Counters & Faucets	35	125,000	IA20-18 City Beat			
	IA20-10 Shelter Vista Homes			Repair & Paint Porch Railings	60	35,000	
	Replace Roofs	15	75,000				
	IA20-11 Twin Rivers Abodes						
	Replace Vinyl Flooring Replace Kit, Cabinets, Counters & Faucets	12 24	25,000 60,000				
	IA20-12 City of Bridges						
	Replace Furnaces	12	20,500				
	IA20-13 City Wide Homes						
	Replace Furnaces	12	20,000				
	Replace Kit, Cabinets, Counters & Faucets	10	10,000				
	Subtotal of Fo	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Part II: Supporting Pages
Physical Needs Work Statement(s)
Capitol Fund Program (CFP)

Work Statement	Work Statement for Year FFY: <u>2003</u>	ar <u>3</u>		Work Statement for FFY: <u>2003</u>	Year <u>3</u> -	
for Year 1 FFY: <u>01</u>	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Costs
	IA20-2 Royal View Manor Remodel Apts (Kitchens & Closet Doors) Replace Hallway Lighting Update Elevator Controls	22	200,000 25,435 35,000	IA20-14 Haven Homes (Oak Park & Highland Park) Replace Carpet in Apartments IA20-15 Suprising City Homes	90	80,000
	IA20-3 East View Manor			Replace Kitchen Countertops & Sinks	35	70,000
	Repaint Apts-5YR Paint Plan Replace Wood Siding W/ Metal Siding	25	30,000 50,000	IA20-16 All Season Homes Paint Exterior Woodwork	24	50,000
See	IA20-4 South View Manor			IA20 - 17 City Wide Homes II		
Annual	Replace Carpet In Corridors		45,000	Replace Roofs	10	40,000
Statemen t	IA20-8 Capital City Homes					
	Replace Water Heaters Replace Site Concrete	35 10	15,000 35,000	IA20-18 City Beat		
	IA20-9 All American Homes			Replace Site Concrete	20	60,000
	Replace Site Concrete Replace kitchen Cabinets	40 45	80,000 125,000			
	IA20-10 Shelter Vista Homes					
	Replace Site Concrete Replace Furnaces	20 14	50,000 45,000			
	IA20-11 Twin Rivers Abodes					
	Replace Vinyl Flooring	12	25,000			
	IA20-13 City Wide Homes					
	Replace Orangeberg Sewer Replace Site Concrete	3 7	15,000 25,000			
	Subtotal of Es	timated Cost		Subtotal of F	stimated Cost	1,100,435

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Part II: Supporting Pages
Physical Needs Work Statement(s)
Capitol Fund Program (CFP)

Work Statement	Work Statement for Year FFY: <u>2004</u>	4		Work Statement for Ye FFY: <u>2004</u>	ear <u>4</u>	
for Year 1 FFY: <u>01</u>	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Costs
	IA20-2 Royal View Manor			IA20-14 Haven Homes(Oak Park & Hiland Park)		
	Remodel Apts (Kitchens & Closet Doors)	22	200,000	Replace Appliances	90	100,000
	Replace Boilers		200,000	IA20-15 Surprising City Homes		
	IA20-3 East View Manor			Replace Damaged/Missing Metal Trim	35	40,000
	Remodel Community Room, Public Bathrooms,& Tub Rooms. Paint Hallway Ceilings & Walls		40,000 20,000	IA20-16 All Season Homes Replace Site Concrete	16	70,000
See	IA20-4 South View Manor			IA20 - 17 City Wide Homes II		
Annual	Remodel Community Room, Public Bathrooms,& Tub Rooms.		50,000	Replace Site Concrete Replace Roofs	10 10	35,000 38,010
Statemen t	IA20-8 Capital City Homes					
	Replace Site Concrete & Retaining Walls	15	60,000			
	IA20-9 All American Homes					
	Replace Site Concrete & Retaining Walls Replace Fence @ Indianola Road	15	60,000 25,000			
	IA20-10 Shelter Vista Homes					
	Repaint Exteriors Replace Siding	10 10	35,000 60,000			
	IA20-11 Twin Rivers Abodes					
	Replace Site Concrete	10	25,000			
	IA20-12 City of Bridges					
	Replace Exterior Storeroom Doors	39	25,000			
	IA20-13 City Wide Homes					
	Repaint/Reside Exteriors	8	35,000			
	Subtotal of E	stimated Cost		Subtotal of	Estimated Cost	1,118,010

Page 5 of 8

Facsimile form HUD-52834 (10/96)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Part II: Supporting Pages
Physical Needs Work Statement(s)
Capitol Fund Program (CFP)

Work Statement	Work Statement for FFY: 2005	r Year <u> 5</u> 		Work Statement for Ye FFY: <u>2005</u>	ar <u>5</u>	
for Year 1 FFY: <u>01</u>	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Costs
	IA20-2 Royal View Manor	0.5	000 400	IA20-14 Haven Homes(Oak Park & Hiland Park)		
	Remodel Apts (Kitchens & Closet Doors)	25	226,460	Replace Appliances	90	100,000
	IA20-3 East View Manor Repair Roof & Gutters		15,000	IA20-15 Surprising City Homes		
	IA20-4 South View Manor Tuckpoint and Seal Exterior Masonry		100,000	Replace Damaged/Missing Metal Trim		60,000
	IA20-8 Capital City Homes			IA20-16 All Season Homes Replace Site Concrete	32	100,000
See	Replace Site Concrete & Retaining Walls	25	120,000	IA20 - 17 City Wide Homes II		
Annual	IA20-9 All American Homes Replace Site Concrete & Retaining Walls	20	85,000	Replace Site Concrete	8	40,000
Statemen t						
	IA20-10 Shelter Vista Homes			IA20 - 18 City Beat		
	Repaint Exteriors Replace Siding	10 10	35,000 60,000	Replace Site Concrete	18	55,000
	IA20-11 Twin Rivers Abodes					
	Replace Cabinets & Countertops	24	50,000			
	IA20-12 City of Bridges					
	Replace Exterior Storeroom Doors	39	25,000			
	IA20-13 City Wide Homes					
	Repaint/Reside Exteriors	8	40,000			
		al of Estimated Cost		0.11.11.1	Estimated Cost	1,111,460

Page <u>6</u> of <u>8</u>

Facsimile form HUD-52834 (10/96)

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s) Capitol Fund Program (CFP)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Work Statement	Work Statement for FFY: 2002	Year <u>2</u> —		Work Statement for FFY: 2003	Year <u>3</u>	
for Year 1 FFY: 01	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Costs
	MANAGEMENT IMPROVEMENTS			MANAGEMENT IMPROVEMENTS		
	Operations	1406	157,372	Operations	1406	157,372
	a)Salaries-Director (2%)	1408	1,960	a) Salaries-Director (2%)	1408	2,020
See	Salaries-Assistant Director (4%)		2,575	Salaries-Assistant Director (4%)	2,655	
Annual	Salaries-Accounting Administrator (5%)		2,780	Salaries-Accounting Administrator (5%)		2,865
Statement	Salaries-Accounting Assistant (5%)		1,650	Salaries-Accounting Assistant (5%)		1,700
	Salaries-Bookkeeper (5%)		1,545	Salaries-Bookkeeper (5%)		1,600
	Salaries- Data Base Analyst (100%)		45,320	Salaries- Data Base Analyst (100%)		46,680
	b) Employee Benefits	1408	16,890	b) Employee Benefits	1408	17,400
	c) Software and Training	1408	10,000	c) Software and Training	1408	10,000
	d) Staff Training	1408	4,500	d) Staff Training	1408	4,500
	ADMINISTRATION			ADMINISTRATION		
	a)Salaries-			a)Salaries-		
	Projects Specialist (100%)	1410.2	48,900	Projects Specialist (100%)	1410.2	50,370
	Projects Specialist (100%)	1410.2	39,150	Projects Specialist (100%)	1410.2	40,325
	Maintenance Supervisor (20%)	1410.2	10,510	Maintenance Supervisor (20%)	1410.2	10,825
	b) Employee Benefits	1410.9	34,250	b) Employee Benefits	1410.9	35,280
	c) Advertising	1410.19	3,000	c) Advertising	1410.19	3,000
	d) CFP Grant Preparation Cost	1410.19	1,500	d) CFP Grant Preparation Cost	1410.19	1,500
	Architect/Engineer Fees & Cost A & E Misc. Cost (Blueprints, Photos, etc.)	1430 1430	30,000 1,500	Architects/Engineer Fees & Cost A & E Misc. Cost (Blueprints, Photos, etc.)	1430 1430	30,000 1,500
	NON-DWELLING EQUIPMENT Computer Equipment Maintenance Equipment	1475.1 1475.2	17,200 10,000	NON-DWELLING EQUIPMENT Computer Equipment Maintenance Equipment Projects Vehicle	1475.1 1475.2 1475.3	17,200 10,000 24,000
	RELOCATION COST	1495.1	2,500	RELOCATION COST	1495.1	2,500
	Subtotal	of Estimated Cost	443,102	Subtota	of Estimated Cost	473,292

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s) Capitol Fund Program (CFP)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Work Statement	Work Statement for Y FFY: 2004	Year <u>4</u>		Work Statement for FFY: 2005	Year <u>5</u>	
for Year 1 FFY: 01	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Costs
	MANAGEMENT IMPROVEMENTS			MANAGEMENT IMPROVEMENTS		
	Operations	1406	157,372	Operations	1406	157,372
	a)Salaries-Director (2%)	1408	2,080	a) Salaries-Director (2%)	1408	2,140
See	Salaries-Assistant Director (4%)		2,735	Salaries-Assistant Director (4%)		2,820
Annual	Salaries-Accounting Administrator (5%)		2,950	Salaries-Accounting Administrator (5%)		3,040
Statement	Salaries-Accounting Assistant (5%)		1,800	Salaries-Accounting Assistant (5%)		1,855
	Salaries-Bookkeeper (5%)		1,650	Salaries-Bookkeeper (5%)		1,700
	Salaries- Data Base Analyst (100%)		48,080	Salaries- Data Base Analyst (100%)		49,525
	b) Employee Benefits	1408	17,925	b) Employee Benefits	1408	18,460
	c) Software and Training	1408	10,000	c) Software and Training	1408	10,000
	d) Staff Training	1408	4,500	d) Staff Training	1408	4,500
	ADMINISTRATION			ADMINISTRATION		
	a)Salaries-			a)Salaries-		
	Projects Specialist (100%)	1410.2	51,900	Projects Specialist (100%)	1410.2	53,460
	Projects Specialist (100%)	1410.2	41,535	Projects Specialist (100%)	1410.2	42,780
	Maintenance Supervisor (20%)	1410.2	11,150	Maintenance Supervisor (20%)	1410.2	11,485
	b) Employee Benefits	1410.9	36,340	b) Employee Benefits	1410.9	37,430
	c) Advertising	1410.19	3,000	c) Advertising	1410.19	3,000
	d) CFP Grant Preparation Cost	1410.19	1,500	d) CFP Grant Preparation Cost	1410.19	1,500
	Architect/Engineer Fees & Cost A & E Misc. Cost (Blueprints, Photos, etc.)	1430 1430	30,000 1,500	Architects/Engineer Fees & Cost A & E Misc. Cost (Blueprints, Photos, etc.)	1430 1430	30,000 1,500
	NON-DWELLING EQUIPMENT Computer Equipment Maintenance Equipment	1475.1 1475.2	17,200 10,000	NON-DWELLING EQUIPMENT Computer Equipment Maintenance Equipment	1475.1 1475.2	17,200 10,000
	RELOCATION COST	1495.1	2,500	RELOCATION COST	1495.1	2,500
	Subtotal o	of Estimated Cost	455,717	Subtota	I of Estimated Cost	462,267

PHA N	Name: City of Des Moines, Iowa	Grant Type and Number	Federal FY of Grant:					
	Municipal Housing Agency	, · · ·	t No: IA05-PO20-70900					
		_	Replacement Housing Factor Grant No:					
Ori	ginal Annual Statement Reserve for Disasters/ Em							
	formance and Evaluation Report for Period Ending:	Final Performance and Ev	,					
Line	Summary by Development Account	Total Estin	mated Cost	Total .	Actual Cost			
No.								
		Original	Revised	Obligated	Expended			
	Total non-CFP Funds							
),	1406 Operations							
	1408 Management Improvements Soft Costs	68,000		0	0			
	Management Improvements Hard Costs							
	1410 Administration	118,000		0	0			
	1411 Audit							
	1415 Liquidated Damages							
	1430 Fees and Costs	50,500		0	0			
	1440 Site Acquisition	400,000		0	0			
	1450 Site Improvement	295,514		0	0			
)	1460 Dwelling Structures	524,333		0	0			
	1465.1 Dwelling Equipment—Nonexpendable	60,700		0	0			
2	1470 Nondwelling Structures							
	1475 Nondwelling Equipment	54,180		0	0			
	1485 Demolition							
5	1490 Replacement Reserve							
6	1492 Moving to Work Demonstration							
7	1495.1 Relocation Costs	2,500		0	0			

Annual Statement/Performance and Evalu	ation Report			
Capital Fund Program and Capital Fund	Program Replaceme	ent Housing Factor	(CFP/CFPRHF) Pa	rt 1: Summary
PHA Name: City of Des Moines, Iowa	Grant Type and Number		Federal FY of Grant:	
Municipal Housing Agency	Capital Fund Program Gran	t No: IA05-PO20-70900		
	Replacement Housing Fact	or Grant No:		2000
☐ Original Annual Statement ☐ Reserve for Disasters/ Emer	9	,		
Performance and Evaluation Report for Period Ending:	Final Performance and Ev	aluation Report		
Line Summary by Development Account	Total Estin	mated Cost	Total Ac	tual Cost
No.				
18 1499 Development Activities				
19 1502 Contingency				
Amount of Annual Grant: (sum of lines)	1,573,727			
Amount of line XX Related to LBP Activities				
Amount of line XX Related to Section 504 compliance				
Amount of line XX Related to Security –Soft Costs				
Amount of Line XX related to Security Hard Costs				
Amount of line XX Related to Energy Conservation				
Measures				
Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: City of	Des Moines, Iowa	Grant Type and Nu	mber		Federal FY of Grant:	
Munic	ipal Housing Agency	Capital Fund Progr	am Grant No: L	A05-PO20-70900	2000	
		Replacement Hous				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Co	ost Total Actual Cost	Status of Work
PHA-Wide Management Improvements	 a. Salaries Director (2%) Programs Administrator (4%) Accounting Administrator (5%) Accounting Assistant (5%) Bookkeeper (5%) b. Employee Benefits 	1408		1,800 2,600 2,600 1,300 1,500		
	c. Software & Training d. Staff Training e. Database Administrator	1408 1408 1408 1408		6,000 4,500 34,700		
Administration	a. Salaries Projects Specialist (90%) Projects Specialist (90%) Maintenance Supervisor (10%)	1410.2 1410.2 1410.2		45,400 37,800 3,800		
	b. Employee Benefitsc. Advertising	1410.9 1410.9		28,000 3,000		
Fees & Cost	a. Architecture & Engineeringb. A & E Misc.c. Capital Funds Grant Preparation Cost	1430 1430 1430		30,000 1,500 1,500		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: City of Des Moines, Iowa **Grant Type and Number** Federal FY of Grant: **Municipal Housing Agency** 2000 Capital Fund Program Grant No: IA05-PO20-70900 Replacement Housing Factor Grant No: General Description of Major Work **Total Estimated Cost** Total Actual Cost Development Dev. Quantity Status of Number Categories Acct Work Name/HA-Wide No. Activities d. Engineering Study-Boilers-H2O/Htrs 1430 17,500 & Elevator Controls (RVM) 1440 400,000 e. Administration Building 20-2 Royal View Replace Water Lines @ 7 Drops 1460 7 70,000 Manor Update Lighting In Parking Lot 1450 60,000 Kitchen Remodel – Replace Cabinets & 20-4 South View 1460 48 120,000 Manor C-Tops Site Concrete Replacement & Retaining 20-8 Capital View 1450 12 75,000 Homes Wall Replacements Install Central Air Conditioning @ 20-9 All American 1460 12 24,000 Homes Indianola Road Row Houses 20-10 Shelter Vista Repaint Exteriors 1460 10 35,000 Reside Exteriors 1460 35,333 Homes 8 Replace Furnaces 24 20-11 Twin Rivers 1460 50,000 Abodes 20-13 City Wide Reside Exteriors 10 50,000 1460 Homes 20-17 City Wide Replace Site Concrete 1450 8 30,000 Homes II 20-16 All Season Convert Casement Windows to Double-1460 48 40,000

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

•	PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05-PO20-70900					Federal FY of Grant: 2000		
		Replacement Housing Factor Grant No:								
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estin	mated Cost	Total Ac	tual Cost	Status of Work	
Homes	Hungs (NOTE: 2 Windows per Unit)									

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: City of Des Moines, Iowa		Grant T	Grant Type and Number				Federal FY of Grant:		
Munici	Municipal Housing Agency		Capital Fund Program Grant No: IA05-PO20-70900				2000		
		Replace	Replacement Housing Factor Grant No:						
Development	General Description of Major Work		Dev.	Quantity	Total Esti	Total Estimated Cost		ctual Cost	Status of
Number	Categories		Acct						Work
Name/HA-Wide			No.						
Activities									
Agency Wide	Repairs to Major Systems and General		1460	32	100,000				
Vacant Unit Re-	Rehabilitation of Backlogged Vacant								
Hab	Units								
Agency Wide	Exterior Repairs to site concrete and		1450	8	130,514				
Vacant Unit Re-	landscaping								
Hab									
Non-Dwelling	a. Computer Equipment		1475.1	_	9,000				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: City of Des Moines, Iowa Municipal Housing Agency		Capital		ram Grant No: L	A05-PO20-70	9900	Federal FY of Grant: 2000		
Development Number	General Description of Major Work	Replac	Dev.	sing Factor Gran Quantity		mated Cost	Total Ac	Total Actual Cost Sta	
Number Name/HA-Wide Activities	Categories		Acct No.						Work
Equipment	b. Maintenance Equipment c. Maintenance Truck		1475.2 1475.3		9,000 36,180				
Relocation Cost	Relocation Cost		1495.1		2,500				
Agency Wide	Appliance Replacements		1465.1	65	60,700				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name:			Type and Nu			Federal FY of Grant:		
			al Fund Progracement Hous	am No: ing Factor No:				
Development Number Name/HA-Wide Activities		Fund Obligate rter Ending Da	ed	All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
20-2 Royal View Manor	03/31/02			03/31/02				
20-3 East View Manor	03/31/02			03/31/02				
20-4 South View Mano	03/31/02			03/31/02				
20-8 Capital ViewHomes	03/31/02			03/31/02				
20-9 All American Homes	03/31/02			03/31/02				
20-10 Shelter Vista Homes	03/31/02			03/31/02				
20-11 Twin Rivers Homes	03/31/02			03/31/02				
20-13 City Wide Homes	03/31/02			03/31/02				
20-16 All Season Homes	03/31/02			03/31/02				
20-17 City Wide	03/31/02			03/31/02				

Annual Statement Capital Fund Pro Part III: Impleme	gram and	l Capital l		-	cement Hou	sing Facto	or (CFP/CFPRHF)
PHA Name:		Capit	Type and Number and Fund Programment House				Federal FY of Grant:
Development Number Name/HA-Wide Activities		l Fund Obligate arter Ending D	ed	All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Agency Wide Re-Hab of Vacant Units	03/31/02			03/31/02			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name				☐ Original 5-Year Plan☐ Revision No:	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement				
Total CFP Funds (Est.)					
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : FFY Grant: PHA FY:	Activities for Year: FFY Grant: PHA FY:		
	·			

		Services and Programs		
Program Name & Description (including location, if appropriate)	Estimate d Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Budget and Credit Workshop	45	All P.H. Residents Welcome	Resident Services Division, DMMHA	Public Housing
Budget Counseling Referrals	10	PH Residents with Late Rent	Resident Services Division, DMMHA	Public Housing
Conflict Resolution Workshop	75	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Coordinate Services	100	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Cultural Diversity Workshop	75	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Dealing with gossip workshop	20	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Educating Community Providers	50	Other	Resident Services Division, DMMHA	Public Housing
Elderly Independence Demonstration		Specific Criteria	Section 8 Division, DMMHA	Section 8
Elderly service coordination	125	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Family Self-Sufficiency	6	Specific Criteria	Resident Services Division, DMMHA	Public Housing
Home Buyers Workshop	50	All P.H. Residents Welcome	Resident Services Division, DMMHA	Public Housing
Job Workshop	0	All P.H. Residents Welcome	Resident Services Division, DMMHA	Public Housing
Living Independently Workshop	75	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Memory Loss Workshop	75	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Nutrition Workshop	75	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Resident Service Referrals	30	All PH Residents	Resident Services Division, DMMHA	Public Housing
Safety and Prevention Workshop	100	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Self-Defense Workshop	50	All P.H. Residents Welcome	Resident Services Division, DMMHA	Public Housing
Senior Companion program	20	Elderly & disabled public housing residents	Resident Services Division, DMMHA	Public Housing
Spring Bowling Festival	45	First 100 to register	Resident Services Division, DMMHA	Public Housing
Welcome Packet	50	New P.H. Residents	Resident Services Division, DMMHA	Public Housing
Winter Festival	60	First 100 to register	Resident Services Division, DMMHA	Public Housing
Youth Employment Program	10	PH Youth between ages of 14 and 21	Resident Services Division, DMMHA	Public Housing

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Public Housing Drug Elimination Program Plan

Annual PHDEP Plan Table of Contents	:
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- 1. **General Information/History**
- 2. PHDEP Plan Goals/Budget
- 3. **Milestones**
- 4. **Certifications**

Section 1: General Information/History

- A. Amount of PHDEP Grant \$208,364
- B. Eligibility type (Indicate with an "x") N1 **N2** $\mathbf{R} \mathbf{X}$ 2001
- C. FFY in which funding is requested
- D. Executive Summary of Annual PHDEP Plan

DMMHA will increase security in and around public housing and will build individual, family, and community assets. This will include: 1) working with police to provide above-baseline surveillance; 2) hiring security guards at buildings where residents have special concerns; and 3) improving family communication. By the end of the year, DMMHA ratings on perceived security problems in and around public housing will have increased 10%.

E. Target Areas

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Royal View Manor (IA-20-2)	200	141
East View Plaza (IA-20-3)	50	45
South View Manor (IA-20-4)	50	48
Highland Park Plaza (IA-20-14)	50	48
Oak Park Plaza (IA-20-14)	40	38
Capital View Homes (IA-20-8)	35	62
All American City Homes (IA-20-9)	111	217
Shelter Vista Homes (IA-20-10)	59	96
Twin Rivers Abodes (IA-20-11)	24	49
City of Bridges Homes (IA-20-12)	39	110
City-Wide Homes (IA-20-13)	26	34
Surprising City Homes (IA-20-15)	26	34
All-Seasons Homes (IA-20-16)	48	68
City-Wide Homes II (IA-20-17)	46	116
City Beat (IA-20-18)	60	181

F.	Dura	tion o	f Pro	gram
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6 Months	12 Months	18 Months	24 Months_	X	Other

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995	256,500	IA05DEP0200195	0		N/A
FY 1996	256,500	IA05DEP0200196	0	X	N/A
FY1998	214,428	IA05DEP0200198	67,942	pending	6/30/01
FY 1999	199,926	IA05DEP0200199	101,327		6/30/01
FY 2000	208,364	IA05DEP0200100	179,810		6/30/02

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

DMMHA will increase security in and around public housing and will build individual, family, and community assets. This will include: 1) working with police to provide above-baseline surveillance; 2) hiring security guards at buildings where residents have special concerns; and 3) improving family communication. By the end of the year, DMMHA ratings on perceived security problems in and around public housing will have improved by 10%.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2001 PHDEP Budget Summary								
Budget Line Item	Total Funding							
9110 - Reimbursement of Law Enforcement	15,000							
9120 - Security Personnel	107,353							
9130 - Employment of Investigators	0							
9140 - Voluntary Tenant Patrol	0							
9150 - Physical Improvements	0							
9160 - Drug Prevention	44,338							
9170 - Drug Intervention	0							
9180 - Drug Treatment	0							
9190 - Other Program Costs	41,673							
TOTAL PHDEP FUNDING	\$ 208,364							

HUD 50075—PHDEP Plan OMB Approval No: 25577-0226 Expires: 03/31/2002

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$15,000					
Goal(s)	To elimin	To eliminate the using and selling of illegal drugs in Des Moines public housing.								
Objectives	To provid	de above baseline p	olice inves	tigation of d	rug- and crin	ne-related comp	plaints.			
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other	Performance Indicators			
	Person	Population	Date	Complete	Funding	Funding				
	S			Date		(Amount/				
	Served					Source)				
1. Above Baseline Activities			01/01/02	12/31/02	\$15,000	In-Kind:	75% of complaints			
						Admin staff	resolved.			
						participatio				
						n				

9120 - Security Personnel				Total PHDEP Funding: \$107,353				
Goal(s)	To provio	To provide security for residents of Royal View Manor						
Objectives	Continue	Continue to employ three part-time security guards						
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other	Performance Indicators	
	Person	Population	Date	Complete	Funding	Funding		
	S			Date		(Amount		
	Served					/Source)		
1. Employ Security Guards			01/01/02	12/31/02	\$107,353	N/A	35% reduction in Royal	
							View Manor complaints	

9130 - Employment of Investigators					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other	Performance Indicators
	Person	Population	Date	Complete	Funding	Funding	
	S			Date		(Amount	
	Served			ļ		/Source)	

9140 - Voluntary Tenant Patrol					Total Pl	Total PHDEP Funding: \$ 0		
Goal(s)								
Objectives								
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other	Performance Indicators	
	Person	Population	Date	Complete	Funding	Funding		
	S			Date				
	Served							

9150 - Physical Improvements		Total PHDEP Funding: \$ 0
Goal(s)		
Objectives		

Proposed Activities	# of	Target	Start Date	Expected	PHEDEP	Other Funding	Performance
	Person	Population		Complete	Funding	(Amount	Indicators
	S			Date		/Source)	
	Served						

9160 - Drug Preventio	n	Total PH	Total PHDEP Funding: \$44,338								
Goal(s)	Prevent	Prevent drug use and/or drug traffic by increasing security patrols in apartment buildings.									
Objectives											
	# of	Target	Start	Expected	PHDEP	Other	Performance Indicators				
Proposed Activities	Person	Population	Date	Complete	Funding	Funding					
	S			Date							
	Served										
1. Employ a coordinator	1,700	All PHA residents	08/01/02	12/31/02	\$39,500	In-Kind	1 full-time coordinator working with all security				
							issues				
2. Quarterly newsletter	1,700	All PHA residents	08/01/02	6/30/03	\$2,088	In-Kind	Quarterly newsletters are distributed				
3. Welcome Wagon Activity	120	New PHA residents	08/01/02	9/30/03	\$2150	In-Kind	Admission contacts will be held and tracked through admissions forms.				
4. Referrals	30	PHA residents	01/01/02	12/31/02	\$100	In-Kind	The completion of referral forms and reports.				
5. Survey and Evaluation	1,700	All PHA residents	07/01/02	12/31/02	\$500	In-Kind	Survey responses				

9170 - Drug Intervention				Total PHDEP Funding: \$0			
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other	Performance Indicators
	Person	Population	Date	Complete	Funding	Funding	
	S			Date		(Amount	
	Served					/Source)	

9180 - Drug Treatment				Total PHDEP Funding: \$0			
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other	Performance Indicators
	Person	Population	Date	Complete	Funding	Funding	
	S			Date		(Amount	
	Served					/Source)	
1.							

9190 - Other Program Costs						Total PHDEP Funds: \$41,673				
Goal(s)	To admir	To administer the program								
Objectives	All other	All other objectives met								
Proposed Activities	# of	Target	Start Date	Expected	PHEDEP	Other	Performance Indicators			
	Person	Population		Complete	Funding	Funding				
	S			Date		(Amount				
	Served					/Source)				

	7/01/01	12/31/03	\$41,673	Successfully complete program

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item#	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
e.g Budget Line Item # 9120	Activities 1, 3		Activity 2	
9110	Activity 1	8,000	Activity 1	15,000
9120	Activity 1	100,000	Activity 1	135,000
9130				
9140				
9150				
9160	<i>Activities 1,2,3,4,5</i>	30,000	All Activities	42,000
9170				
9180				
9190				
TOTAL		\$95,054		\$192,000

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the "PHA Certifications of Compliance with the PHA Plan and Related Regulations."

Agency Plan Resident Comments

Comment: 5 Year Plan Page 2 – 4th point under <u>PHA Goal</u>: Increase Assisted Housing Choices Objectives: Implement voucher home ownership program – YES!!!

Comment: It has been our pleasure to work with all of you involved in the City of Des Moines – Section 8 program. We look forward to working with you in the future. Thank you.

Comment: About rent, to provide envelope with new address.

Comment: Need to print documents in bilingual – (Bosnian, Spanish, Croatian, German)

Comment: Need to have printed documents printed in Bosnian.

Comment: Better snow removal, if possible, between cars – one lady fell in between cars – other walks and driveway okay.

Comment: We need younger security staff.

Comment: I inform you, nobody force me, to work 8 hours for one month. I paid my taxes and my rent on time. If you paid my rent with new raise, I will work volunteer for that, (my rent paid for you)

Comment: At the meeting Tuesday, February 20th I mentioned the amount of people going in and out all hours of the night, also want to bring up the traffic through the parking lot, semi even at 3:30 in the morning, they are breaking up the parking lot, there is a sign up at Euclid that reads dead end, not saying how many, all of 50 or more cars who go through here every day. Maybe we need signs for no parking or towed away, our neighbors seem to think it's for them, also the truck (van) out in the parking lot came in here last April the 6th, has never been moved. Thanks for the meeting.

Comment: I see that Public Housing has preference(s) for elderly or disabled. Does Section 8 housing allot or allow vouchers to the mobility impaired or disabled or elderly? If not, is there any consideration for this? This type of voucher allowance would allow individuals with disabilities to live in the most integrated community based setting.

Comment: Security: "Live in Manager"

- 1. Will there be 3 shifts of service guards?
- 2. Who will be in charge of emergencies that will not be handled by security? Will there be a "head official" living here to handle problems? How about a satellite crew?
- 3. How will case work be done we come to you or you come to us? Your work in the building for special needs.
- 4. Reporting unauthorized persons coming in who do we report to? If someone lets them in, who do we report the accused to?
- 5. Rent payment mail in or use drop box.
- 6. Can an "electric photo viewer *" (one that catches you on camera upon entering) be installed? Would be a good backup for any problems occurring to entry. *Surveillance camera.

This document is to discuss how the City of Des Moines Municipal Housing Agency (DMMHA) will address low scores on communication and safety in the 2000 RASS.

Communication

- 1. Management meetings with Public Housing residents will be held on a quarterly basis.
- 2. Newsletters will continue.
- 3. Information about the importance of resident involvement in activities and resident councils will be included in new admission packets.
- 4. Family Self Sufficiency information will be provided to all residents, and clients will be encouraged to participate.
- 5. Public Housing residents will be encouraged to participate in neighborhood associations, and PHA staff will also become more involved in these activities.

Safety

- 1. Quarterly meetings between Public Housing staff & residents will include presentations on lease enforcement, evictions, grievance procedures and presentations from DM police department on crime safety.
- 2. Information will also be included in new admissions packets.
- 3. DEP grants will focus on security measures.
- 4. New admissions packets will contain information on crime prevention activities and staff contact for security issues.

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DIRECTOR'S ADVISORY BOARD

EAST VIEW MANOR - 3700 E. 31st Street 50317

Beverly Westlund #14 (265-6997)

Ella Ross #13 (264-9231)

HIGHLAND PARK - 3717 6th Ave - 50313

Ms Margaret Bass #124 (280-5207)

Annie Fontanini #347 (244-3306)

OAK PARK PLAZA - 3400 8TH Street - 50313

Madeline Clark #145 (244-4927)

ROYAL VIEW MANOR - 1101 CROCKER Street 50309

Ms. Alma Morris #805 (280-7098)

SOUTHVIEW MANOR - 2717 S W 9th Street 50315

Dorothy Miller #317 (244-5691)

Pat Davis #301 (280-8443)

Blanche Price #303 (282-6839)

Mary Webber #209 (282-1393)

Martha Swails #207 (248-9443)

Coleen Mick #104

SECTION 8

Linda Vinall 3830 6th Ave #5A Des Moines, IA 50313 03/24/00 Revised 03/21/01

ATTACHMENT 2 TO DWELLING LEASE

PET POLICY - TENANT AGREEMENT

Tenants who qualify under Section 227 of the Housing and Urban Renewal Recovery Act of 1983 may own and keep common household pets only in DMMHA owned and/or operated units that were built exclusively for occupancy by the elderly and handicapped. A common household pet is defined as a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit), fish or turtle, that is traditionally kept in the home for pleasure rather than for commercial purposes (with the exception of turtles this does not include reptiles). All residents who **request** are eligible under Section 227 to keep a pet in DMMHA housing shall demonstrate to the satisfaction of DMMHA that they have the physical and financial capability to properly care for the pet. For the purposes of this section, service animals will not be considered pets. Tenants requiring service animals will be required to provide prior written notification to the Agency of the service animal and must provide documentation acceptable to the DMMHA that the animal is a **certified** service animal whose primary purpose is to provide assistance to the resident due to a disability. Current City license and rabies and distemper inoculations are required for all service animals.

A. PERMIT

<u>Application for Pet Permit</u>. Prior to housing any pet on the premises governed by Section 227, the resident shall apply to the DMMHA for a pet permit which shall be accompanied by the following:

- 1. A current license issued by the appropriate authority (all dogs and cats must have a license from the City of Des Moines).
- 2. Evidence that the pet has been spayed or neutered, and, with respect to cats, that the pet has been declawed on **the front two** all four paws; and
- 3. Evidence that the pet has received current rabies and distemper inoculations or boosters. (This information must be updated annually).
- 4. Adequacy of the evidence shall be determined by DMMHA in its sole discretion.
- 5. A pet deposit of \$200 which applies to new residents, current residents with new pets, or transfers. (**This excludes service animals.**)

B. RULES

All tenants with **a** pet permitted to be kept under Section 227 shall comply with the following rules:

1. Permitted pets are domesticated dogs, cats, birds and fish aquariums. The weight of the dog or cat may not exceed <u>20</u> pounds (adult size).

- 2. Only one pet per household is permitted. (In the case of fish and/or birds, a pair would be acceptable).
- 3. Dogs and cats must be licensed yearly with the City of Des Moines (Office of the City Clerk) and tenants must show proof of annual rabies and distemper booster inoculations.
- 4. Vicious and/or intimidating dogs will not be allowed.
- 5. All dogs and cats must be spayed or neutered. All cats must be declawed on **the front two** all four paws.
- 6. Dogs and cats shall remain inside the tenant's unit. No animal shall be permitted to be loose in hallways, lobby areas, laundromats, community rooms, yards or other common areas of the facility.
 - a. Pets of any permitted type are not permitted in Community rooms, common areas or office areas.
 - b. Pets are not permitted to be transported in any DMMHA vehicle.
- 7. When taken outside the unit, dogs and cats must be kept on a leash and controlled by an adult at all times.
- 8. Birds must be confined to a cage at all times.
- 8. Tenants shall not permit their pet to disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms "disturb, interfere and diminish" shall include, but not be limited to, barking, howling, chirping, biting, scratching, and other similar activities.
 - Complaints of disturbances of this nature shall constitute a violation of lease and may result in the revocation of the pet permit, termination of the Dwelling Lease agreement, or both.
- 10. Tenants must provide litter boxes for cat waste, which must be kept in the dwelling unit. Tenants shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary.
- 11. Tenants are solely responsible for cleaning up pet droppings, if any, outside the unit and on facility grounds. Droppings must be disposed of by being placed in a sack and then placed in **an appropriate garbage container.** a container outside the building provided by the DMMHA.

Pet exercise and relief areas shall be those areas designated by the DMMHA.

- 12. Tenants shall take adequate precautions and measures necessary to eliminate pet odors within or around the unit and shall maintain the unit in a sanitary condition at all times.
- 13. If pets are left unattended for a period of twenty-four (24) hours or more, the DMMHA may enter the dwelling unit, remove the pet and transfer it to the proper authorities, subject to the provisions of Iowa state law and pertinent local ordinances. The DMMHA accepts no responsibility for the animal under such circumstances.
- 14. Tenants shall not alter their unit, patio or unit area, **including yard,** in order to create an enclosure for any pet.
- 15. Tenants are responsible for all damages caused by their pets, including the cost of cleaning of carpets and draperies and/or fumigation of units.
- 16. Tenants are prohibited from feeding or harboring stray animals. The feeding of stray animals shall constitute having a pet without the written permission of the DMMHA and is a violation of the Dwelling Lease.
- 17. If any pet housed in a DMMHA facility under Section 227 gives birth to a litter, the tenant must remove from the premises all of said pets except the licensed pet.
- 18. Tenant pet owners are solely responsible for the safety and health of their pet during those scheduled occasions when the dwelling units in the facility are being treated for deinfestation. The DMMHA shall not be liable for the ill health or death of a pet as a result of the periodic deinfestation treatment.
- 19. In the event of the death of a pet, the tenant shall immediately remove and properly dispose of the remains. The remains shall not be placed in any container inside a DMMHA facility or in a container on DMMHA grounds. If a new pet is requested, a new pet policy will be required.
- 20. Tenants must identify in writing the name, address, and phone number of an alternate custodian for pets in the event of tenant illness or other absence from the dwelling unit. The identification of an alternate custodian must occur prior to the DMMHA issuing a pet registration permit.
- C. The privilege of maintaining a pet in a facility owned and/or operated by the DMMHA shall be subject to the rules set forth in paragraph B, above. This privilege may be revoked at any time subject to the DMMHA Administrative **Grievance Procedure** Hearing if the animal should become destructive, create a nuisance, represent a threat to the safety and security of other residents, or create a problem in the area of cleanliness and sanitation.

	Should a breach of the rules set forth in paragraph B above occur, the DMMHA may also exercise any remedy available under local, state or Federal law.						
In consideration for the DMMHA Policy provisions regarding the keep	_	have received, read and understand the above by each of these provisions.					
Tenant Signature	Date						
DWELLING UNIT DESIGNA	ATED FOR OCCUPANCY	P THE FOLLOWING TYPE PET IN A BY ELDERLY OR HANDICAPPED S MUNICIPAL HOUSING AGENCY IS					
	Type of Animal/Pet						
Designated alternate pet custodian Name:							
Address:							
Telephone Number:							
	nd the requirement for and ag	e of keeping a pet and agree to abide by those ree to provide the DMMHA copies of those					
Tenant Signature		Date					
Tenant Apartment Number							
DMMHA Signature		Date					

PET.POL Revised 3-21-00 Revised 3-7-01

Summary of Community Service Policy

From the new lease on, all adult public housing residents who are not exempted to perform at least 8 hours of community service and/or self sufficiency activity every month. The goal of community service is to provide individuals who are not otherwise employed or moving toward self sufficiency with experience and resources, while fulfilling a community obligation.

All public housing residents over 18 years old must perform <u>at least</u> eight hours of community service a month unless specifically exempted. People exempted from this requirement include:

- ♦ All residents 62 years and older;
- Any blind or disabled person who certifies inability to comply because of the nature of their disability;
- ◆ Any primary caretaker of a blind or disabled person, such as a parent of a disabled child;
- ◆ Any exemption granted by a state of Iowa welfare program, including a state-administered welfare-to-work program;
- ◆ Members of a family receiving assistance, benefits, or services under the State program funded under part A of title IV of the Social Security Act (42 USC 601 *et seq*); and
- ◆ Any person participating in a work activity identified by section 407(d) of the Social Security Act.

Any resident who is required to do community service will talk first to the Family Success coordinator. If the coordinator thinks the resident is a good candidate for the Family Success Program, s/he will be admitted to the program. Those who are not good candidates for the Family Success Program at that time shall volunteer at least 8 hours a month for agencies specified in the plan. Examples: Big Brother/Big Sister and United Way.

Community service obligations may **not** be fulfilled by any of the following activities:

- ☆ Employment (paid wages)
- ☆ Political activities
- ☆ Work ordinarily performed by PHA employees
- ☆ Replacing a regular job
- Community service gets reviewed once a year. If the resident can't show they actually performed the work, they will have to make up the time within two months.
- If the resident disagrees with a computer report that s/he is not exempt from community services for reasons other than a self sufficiency program, or that the resident did not fulfill last year's community service obligation, s/he may produce documentation to that effect.
- ☐ Grievances of decisions made concerning exemption from and failure to comply with community service may be made through the agency's internal grievance procedure, described in the ACO.

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